CLAIMS	AS FILED -	PART I		SMALL E	my		OTHER	THAN
			Johnna 2)	TYPE [OR OR		SMALL ENTITY	
TOTAL CLAIMS 2.7				RATE	PEE		RATE	FEE
FOR NUMBER FILED		FILED N	UMBER EXTRA	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS 27 minus		us 20= *	7	. X2 8=	63	OR	X\$18=	
INDEPENDENT CLAIMS 3 n		une 3 = -		X420		OR	X84=	
MULTIPLE DEPENDENT CLA			+140=			+280=	•	
• If the difference in column	1 is tess than zo	ero, einter °0"	in column 2	TOTAL		OR OR	TOTAL	
CLAIMS A	S AMENDE	- PART		IOIAL	437	Un.	OTHER	THAN
(Column	1)	(Column :	(Column 3	L SMALL	ENTITY	OR .	SMALL	
REMAINS AFTER AMENDAS	NG TO THE REPORT OF THE REPORT	NUMBER PREVIOUS PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	euniM	-27	-/	X\$ 9=		OR	X\$18=	
Independent . 3	. Minus	3	1/	X42=		OR	X84=	
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1,14 24,	11:0	-سخ ۱		YOTAL	 	OR	TOTAL	
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(Column CLAIM REMAIN	5	(Column		" —	ADDI-	1	•	ADDI-
REMAIN AFTER AMENDM Total ON Independent ON The Total On		PAID FOR	LY EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
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REMAIN AFTE	R	PREVIOUS PAID FOI	PRESENT LY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
Total • Del	Minus	- 2	7 . /	X\$ 9=		OR	X\$18=	1
in the second second	Minys	400	3/.	X42=				
S mehatining	OF MULTIPLE DE	PENDENT C	AIM [J		OR		
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E mehelmint	:	with 2 write w	in cohemn 3	+140= TOTAL	<u> </u>	Un.	TOTAL	-